# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	
	C C00484642
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ourso Beychok Johnson, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 352 Napoleon St	Amount
City State Zip Code	24500.00
Baton Rouge LA 70802-5939	Transaction ID : VN7GB9W4CJ2 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Thomas Cotton Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ►
Full Name of Payee Ourso Beychok Johnson, Inc.	Date of Public Distribution/Dissemination
Odrso Beychok Johnson, inc.	10 01 / Y Y Y Y Y Y
Mailing Address 352 Napoleon St	Amount
City State Zip Code	1200.00
Baton Rouge LA 70802-5939	Transaction ID : VN7GB9W83R9 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Thomas Cotton Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL macportain Experiances	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Rebecca Lambe	
Signature [Electronically Filed] Date	10 03 2014

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	C C00484642
	V
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination  10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	
Ste 100	Amount
City State Zip Code	44741.00
Washington DC 20007-5108	Transaction ID : VN7GB9W2MN7 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
William Cassidy Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2172970.36  Disbut 2014	rrsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Waterfront Strategies	10 01 / Y Y Y Y Y Y
Mailing Address 3050 K St NW	Amount
Ste 100	
City State Zip Code  Washington DC 20007-5108	21518.70 Transaction ID : VN7GB9W83P5
	Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M M / D D / Y Y Y Y
	e Sought: House District:
William Cassidy Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2172970.36	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.	66259.70
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Rebecca Lambe  [Electronically Filed] Date 1	0 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Senate Majority PAC	C C00484642		
Check if 24-hour report X 48-hour report New report Amends rep	port filed on		
Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination		
Mailing Address 114A Mansfield Hollow Rd	10 02 2014 Amount		
City State Zip Code	30839.45		
Mansfield Center CT 06250-1316	Transaction ID : VN7GB9W4CT6 Date of Disbursement or Obligation		
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M M / D D / Y Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District:		
Joni Ernst Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 3126469.27	Disbursement For: Primary		
Full Name of Payee SKDKnickerbocker	Date of Public Distribution/Dissemination		
Mailing Address 1150 18th St NW	10 02 2014 Amount		
Ste 800			
City State Zip Code Washington DC 20036-3845	585.53  Transaction ID: VN7GB9W83S7		
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate Support	Office Sought: House District:		
Thom R Tillis Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 8705343.87	Disbursement For:  Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	31424.98		
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •		
(c) TOTAL Independent Expenditures	··· •		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Rebecca Lambe [Electronically Filed] Data	te 10 03 2014		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	HONES	PAGE 4 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Senate Majority PAC			C C00484642	
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination	
Mailing Address 3050 K St NW			10 02 2014  Amount	
Ste 100				
City	State DC	Zip Code 20007-5108	810762.00 Transaction ID : VN7GB9W4CN6	
Washington		20007-3108	Date of Disbursement or Obligation	
Purpose of Expenditure Media Buy		Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District:	
Thom R Tillis		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		705343.87	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Mission Control, Inc.			10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 114A Mansfield Hollow Rd			Amount	
City	State	Zip Code	20496.82	
Mansfield Center	СТ	06250-1316	Transaction ID : VN7GB9W4CW1 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate		Support	Office Sought: House District:	
Joni Ernst		Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought	7 7	3126469.27	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	nditures		831258.82	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Rebecca Lambe Signature	[Electron	nically Filed] Date	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 9				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	,,,,,	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC		C C00484642
		0 000-10-12
Check if 24-hour report X 48-hour report New report	Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Ourso Beychok Johnson, Inc.		10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 352 Napoleon St		Amount
City State Zip	o Code	24500.00
•	0802-5939	Transaction ID : VN7GB9W72Q2 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate	Category/	Date of Disbursement of Obligation
Name of Federal Candidate	Support Offic	ce Sought: House District:
Thomas Cotton	X Oppose	President X Senate State: AR
Calendar Year-To-Date	Disb 770.21 2014	oursement For: Primary X General
Per Election for Office Sought 37087	70.21	Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State Zip	o Code	- [
		D. (D) I would be Obligation
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate	Support Office	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disb	pursement For: Primary General
Fel Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		24500.00
(a) SUBTOTAL OF REHIZED INDEPENDENT EXPONDITURES	•	24300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		0701/2 50
(6) 101112 1111011111111111111111111111111	<b>&gt;</b>	979143.50
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Rebecca Lambe [Electronical]	1 17:1 17	10 03 2014
Signature	- Butto	النباك